

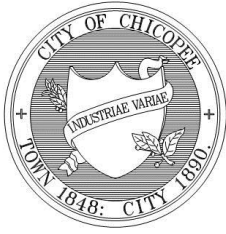
Date Received: _____

Amount Paid/Check# _____

Permit# _____

Tobacco# _____

ABOVE FOR OFFICE USE ONLY



**CITY OF CHICOPEE BOARD OF HEALTH
APPLICATION TO OPERATE A FOOD SERVICE ESTABLISHMENT
2015**

Chicopee Health Department
15 Court St
Chicopee, MA 01020
(413) 594-1660

Name of Establishment _____ Date _____

Business Address _____ Phone# _____

Mailing Address (If Different) _____

Email _____ Fax# _____

Owner, Corporation, or Partnership Information

Name _____ Title _____ Address _____ Phone# _____

CURRENT COPIES OF THE FOOD SAFETY MANAGER CERTIFICATION AND THE FOOD ALLERGEN AWARENESS CERTIFICATION MUST BE INCLUDED OR LICENSE WILL NOT BE ISSUED.

Name of Certified Food Manager(s) _____ Expiration Date _____

Name of Food Allergen Awareness Certificate Holder(s) _____ Expiration Date _____

**105 CMR 590.003(A)(2): At least one Food Safety Manager is required for all Food Service Establishments which handle potentially hazardous foods.
105 CMR 590.009(G)(3)(a): At least one Food Safety Manager must obtain Allergen Awareness Certification.**

FEE SCHEDULE

FOOD SERVICE/RETAIL FOOD \$ _____ (Refer to Permit Fee Table)

MOBILE \$ 100

CATERER \$ 100

TOBACCO SALES \$ 100 MACHINE: _____ OVER THE COUNTER: _____ (CHECK ONE)

TOTAL OF ALL FEES FROM ABOVE: \$ _____

PERMIT FEE TABLE			
ANNUAL GROSS SALES			PERMIT FEE
LESS THAN \$200,000			\$150
\$200,000	--	\$800,000	\$200
GREATER THAN \$800,000			\$250

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND RETURNED WITH ALL REQUESTED PAPERWORK. INCOMPLETE APPLICATIONS AND FORMS WILL BE RETURNED.

RENEWAL APPLICATIONS NOT POST MARKED BY DECEMBER 1ST WILL BE SUBJECT TO A \$100.00 LATE FEE. ANY FACILITY THAT HAS NOT SUBMITTED A RENEWAL APPLICATION BY DECEMBER 31ST, WILL BE CONSIDERED OPERATING WITHOUT A PERMIT AND ORDERED TO CLOSE UNTIL ALL OF THE PROPER PAPERWORK IS SUBMITTED.

COPIES OF MASSACHUSETTS DEPARTMENT OF REVENUE CIGARETTE EXCISE TAX LICENSES MUST ALSO BE PROVIDED FOR THOSE ESTABLISHMENTS APPLYING FOR A TOBACCO SALES PERMIT.

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in 105 CMR 590.000 State Food Code. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

SOCIAL SECURITY OR FEDERAL ID NUMBER _____

SIGNATURE OF APPLICANT _____

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS